## MINNESOTA DEPARTMENT OF HEALTH

Face Sheet

## **Grant Application For**

### ASSIST Tobacco-Use Prevention

| 1. Applicant Agenc                                                | y (with which   | grant contra                  | act is to be execut                  | ted),                  |              |                                     |          |  |
|-------------------------------------------------------------------|-----------------|-------------------------------|--------------------------------------|------------------------|--------------|-------------------------------------|----------|--|
| Legal Name<br>The PARENTING RESO<br>Incorporate                   |                 | Address<br>1900 NW<br>Austin, | Eighth Avenue,<br>Minnesota 55       |                        | 4-7800 √     | -0692 or:<br>247-5039,<br>692-8am - | EXT#     |  |
| 2. Director of Appli                                              | icant Agency    |                               | -                                    |                        |              |                                     |          |  |
| Name/Title                                                        |                 | Address                       |                                      |                        | Phone        | <del></del>                         |          |  |
| Norma Klaehi                                                      | n, Director     | same as                       | above                                | pove same a            |              |                                     | ıs above |  |
|                                                                   |                 |                               |                                      |                        |              | (. )                                |          |  |
| 3. Fiscal Managem                                                 | ent Officer of  | Applicant /                   | Agency                               | •                      | ·            |                                     |          |  |
| Name/Title<br>Norma Klaehi                                        | n, Director     | Address<br>same as above      |                                      | Phone<br>same as above |              |                                     |          |  |
|                                                                   |                 |                               |                                      |                        | ( )          |                                     | •        |  |
| 4. Operating Agend                                                | y (if different | from numbe                    | er 1)                                |                        | <del>'</del> |                                     |          |  |
| Name/Title                                                        |                 | Address                       |                                      |                        | Phone        |                                     |          |  |
| ,                                                                 |                 |                               |                                      |                        |              |                                     | 1        |  |
|                                                                   |                 |                               |                                      |                        | ( )          |                                     | !        |  |
| 5. Contact Person                                                 | for Operating   | Agency (                      | if different from n                  | umber 2)               |              |                                     | :        |  |
| Name/Title                                                        | Name/Title      |                               | Address Phor                         |                        | Phone        | ie ;                                |          |  |
| ĺ                                                                 |                 |                               |                                      |                        | (')          | •                                   | 1        |  |
| 6. Contact Person                                                 | for Further In  | formation o                   | on Application (i                    | f different from       | number       | 5)                                  |          |  |
| Name/Title                                                        |                 | Address                       |                                      | •                      | Phone        |                                     |          |  |
|                                                                   |                 |                               |                                      | •                      |              |                                     | !        |  |
|                                                                   | •               |                               |                                      |                        | ( )          |                                     | Ì        |  |
| 7. Copies of this a review:                                       | pplication hav  | ve been sei                   | nt to the followin                   | g Community            | lealth B     | oards for                           |          |  |
| Community Health                                                  | Agency Name(s   | )                             |                                      |                        |              | Date sent                           |          |  |
| Board (s) - N/A if the Board is the Applicant Gunderson, Communit |                 |                               | ty Health Board;<br>unity Health Adm | Attn: Marger           | ne           | June 15.                            | 1993     |  |
|                                                                   | Mower           | Co. Dept.                     | of Public Healt                      | .h                     |              |                                     | 8        |  |
| •                                                                 | 1005            | North Main                    | Street, Austin,                      | MN 55912               |              |                                     | Ŋ        |  |
| 8. I certify that the informapplication on behalf of              |                 |                               | nd accurate to the be                | est of my knowledg     | e and that   | I submit this                       | 3664     |  |
| Signature of Cirector of Applicant Agent<br>ME-0727.1-03 (4/93)   |                 | ·<br>/                        | Tabo Director, PARENTING F           | RESOURCE CENTE         | R, INC.      | June 15<br>1993                     | 826      |  |
| 0/2/17/00 (7/30)                                                  |                 |                               |                                      |                        |              |                                     |          |  |

11/2

#### MINNESOTA DEPARTMENT OF HEALTH

## PROJECT INFORMATION FOR

#### ASSIST Tobacco-Use Prevention

| APPLICANT AGENCY The                                                          | PARENTING RESOURCE CENTER,                     | INC.                   | ••                 |
|-------------------------------------------------------------------------------|------------------------------------------------|------------------------|--------------------|
| BEGINNING DATE END DATE                                                       |                                                | PROJECT FUNDS RI       | EQUESTED<br>Year 2 |
| October 1, 1993                                                               | September 30, 1994                             | \$2,500.00             | NA                 |
| SERVICE AREA (City, County, Mower County, Minnesot                            | or Counties)                                   | LOCAL MATCH PROY       |                    |
|                                                                               | •                                              | \$1,212.00             | NA                 |
| •                                                                             |                                                | MN TAX I.D.#<br>521-05 | 95                 |
|                                                                               |                                                | FED. I.D.# (If applica | ible)              |
|                                                                               |                                                | 41-130                 | =                  |
| Attached: Yes XX  Affirmative Action: The agency has a certific M.S. 363.073: | No Not Applicable ate from the Commissioner of |                        | rsuant to          |
| Attached:                                                                     | •                                              |                        |                    |
| Yes No                                                                        | XX Not Applicable Bec                          | ause:                  |                    |
|                                                                               | _xx_ (a) Total Co                              | ntract is \$50,000 or  | Less               |
|                                                                               | XX (b) Agency                                  | Has 20 or Fewer Fu     | ill-Time Employee  |
|                                                                               | (c) Units of                                   | Local Government       | 20                 |
|                                                                               | (d) Indian R                                   | eservation             | 20236649           |

2.

3.

4.

3%

#### Internal Revenue Service

District. Director

100

Parenting Resource Center P.O. Box 505 Austin, Minn. 55912 Department of the Treasury

316 N. Ropert-St. St. Paul, Minn. 55101:

Person to Contact Records Unit

Telephone Number: 725-5908

Refer Reply to:

Date. September 16, 1982

This letter is in response to your recent inquiry regarding the Federal tax exempt status of Parenting Resource Center Records in this office indicate your organization was granted exempt status under Section 501 (c)(3) of the Internal Revenue Code on December of 1977.

Thank you for your cooperation in this matter.

Very truly yours,

C.D. Switzer
District Director



# STATE OF MINNESOTA DEPARTMENT OF REVENUE Mail Station 4450 St. Paul, MN 55146-4450

PARENTING RESOURCE CENTER INCORP PO BOX 505 AUSTIN MN

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MAY 25, 1993

ACCOUNT NUMBER:

5210595

MN 55912-0505

Re: Inactivating your sales and use tax account

Our records show that you've been filing sales and use tax returns with no sales and no tax due. If you have no taxable retail sales, and have no purchases subject to use tax, you may not need a sales tax permit and may not need to file returns. In an effort to save both of us the time and expense involved in processing returns, we are planning to inactivate your account. Please review the following criteria explaining who needs a sales tax permit.

You need a sales and use tax permit if any of the following apply to your business:

- You make retail sales in Minnesota.
- You have use tax to report.

ST-105 (REV: 5/91)

- You have been issued a Motor Carrier Direct Pay Certificate
- You own aircraft that is leased.
- You have been issued a Direct Pay Permit.
- You are a hobbyist or collector who makes taxable sales at various locations and shows.

If any of the above apply to you, you must indicate which applies to you on the lower portion of this letter and return it to us within ten days.

If you have sales or use tax to report for this year, or think your account should remain active for some other reason, please explain below and return to us within ten days. If, after reviewing your response, your account is kept active, you will receive your annual return as usual.

If you do not respond to this letter, your account will be inactivated and you will not receive any more sales and use tax returns.

If you begin making taxable sales or purchases subject to use tax in the future, you may reactivate your account by contacting the Taxpayer Information Office. Call 612-296-6181 or toll free 1-800-657-3777.

|                                  | (Detach here)          |  |
|----------------------------------|------------------------|--|
| PARENTING RESOURCE               | ACCOUNT NUMBER: 521059 |  |
| Response:                        |                        |  |
|                                  | Phone ( )              |  |
| Mail your reponse to the address | shown at top of page.  |  |

AN EQUAL OPPORTUNITY EMPLOYER

#### EVIDENCE OF COMPLIANCE

State law forbids the Commissioner of Health from entering into any grant contract until the Commissioner receives acceptable evidence of compliance with workers' compensation insurance coverage requirements from the grantee. The exception to this requirement is a self-employed grantee who has no employees. An employee, as defined by M.S. 176.011, subd. 9, is any person who performs services for another for hire, including minors and family members.

If you do not fall within the exception and you wish to enter into a grant contract with the Commissioner of Health, you can furnish acceptable evidence of compliance with workers' compensation coverage in any one of the following four ways:

- 1. Attach a certificate of insurance (supplied by your workers' compensation carrier) to this Exhibit; or
- 2. If you are self-insured, attached a written order from the Minnesota Commissioner of Commerce allowing you to self-insure to this Exhibit; or
- 3. If you are self-insured and you are a state agency or a municipal subdivision of the state, pursuant to M.S. 176.181, subd. 2, and are not required to obtain a written order from the Commissioner of Commerce, circle this entire item and sign and date the form below in the space provided; or
- Fill in the information for each item below and sign in the space provided:
  - (a) Name of Grantee's Insurance Carrier:
    First Insurance Austin
    Attn: Ted W. Anderson
    PHONE: 507/433-2311

.....

(b) Address of Grantee's Insurance Carrier:

301 North Main Street Post Office Box. 457

Austin, Minnesota 55912-0457

(c) Grantee's Insurance Policy Number:

20-000327-05 (Liability & Fidelity)

04-001246 - 10 (Workmen's Comp - Assoc. File # 19690)

(d) I affirm that all the employees of Parenting Resource Center, Inc.

(Grantee's Name)

are covered by the workers'

compensation insurance policy listed above.

| Signed by: | Herman of my fire                                       |   |  |  |  |  |
|------------|---------------------------------------------------------|---|--|--|--|--|
| Title:     | Morma Klaehn, Director, PARENTING RESOURCE CENTER, INC. |   |  |  |  |  |
| Date:      | June 15, 1993                                           | _ |  |  |  |  |



#### Minnesota Workers' Compensation Assigned Risk Plan

Standard Workers' Compensation & Employers' Liability Policy

Contract' Administrator **Berkley Administrators** 

P.O. Box 59143 Minneapolis, Minnesota 55459-0143 Phone (612) 544-0311

INFORMATION PAGE

1. The insured:

.

04-001246-10 Policy No. 19690:

Association File No.

**Partnership** 

X Corporation or

Individual

P.O. BOX 505

**AUSTIN** 

MN 55912

PARENTING RESOURCE CENTER INC

Other workplaces not shown above:

2. The policy period is from 12:01 a.m.

12/23/1992 to 1201 am.

12/23/1993 at the insured's mailing activess.

3. A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Minnesota.

B. Employers Liability Insurance: Part-Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$100,000, each accident

Bodily Injury by Disease \$500,000, policy limit Bodily Injury by Disease \$100,000, each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules: WC 00-04-03, WC 22-06-01; WC 00-04-14

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans, All information required below is subject to verification and change by audit.

| PREMIUM BASIS ESTI-<br>MATED TOTAL ANNUAL<br>REMUNERATION | RATES<br>PER \$100 OF<br>REMUNERATION | CODE<br>NO. | ENTRIES IN THIS ITEM, EXCEPT AS SPECIFICALLY PROVIDED  ELSEWHERE IN THIS CONTRACT; DO NOT MODIFY ANY OF THE  OTHER PROVISIONS OF THIS POLICY.  PREMIUM |
|-----------------------------------------------------------|---------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 98502.                                                    | ⊕.80<br>I                             | 8868        | COLLEGE OR SCHOOL:PROF EES & CLERICAL 708.                                                                                                             |
| *Agency Name and<br>F~410966956                           |                                       | 36.10       | Manual Premium Experience Modification N/A 9885 Credit / Debit Plan 0.90 Expense Constant Estimated Annual Premium Initial Payment  Min. Premium 105.  |
| STRIFERT RE<br>203 N MAIN<br>AUSTIN MN<br>WC-00-00-01     | BOX: 678                              | 5912        | Min. Premium 105.  10/09/1992 Aughonized Representative BA 313 CG (4/92)                                                                               |

Source: https://www.industrydocuments.ucsf.edu/docs/yrlm0000

Independent School District #492 202 4th Ave. HE Austin, MM 55912

COMPANY LETTER. COMPANY D LETTER: COMPANY E

#### COVERAGES

16.00

THIS IS TO CERTIFY. THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY. BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

|                      | TIONS OF SUCH POLICIES.             |                               |                    |                   |                     |                               |                   |  |
|----------------------|-------------------------------------|-------------------------------|--------------------|-------------------|---------------------|-------------------------------|-------------------|--|
| CO TYPE OF INSURANCE |                                     | POLICY NUMBER                 | · POLICY-EFFECTIVE | POLICY EXPIRATION |                     | LIABILITY LIMITS IN THOUSANDS |                   |  |
| LTR                  | TIPE OF MODIFICE                    | rodo: Nomber                  | CATE (MIM/DD/YY)   | DATE (MMOONM)     | M                   | OCCURRENCE<br>OCCURRENCE      | AGGREGATE         |  |
|                      | GENERAL LIABILITY                   |                               |                    |                   | BOOILY              |                               |                   |  |
| i                    | COMPREHENSIVE FORM                  |                               |                    |                   | INJURY              | \$                            | S                 |  |
|                      | RREMISES/OPERATIONS UNDERGROUND     |                               |                    |                   | PROPERTY            |                               |                   |  |
|                      | EXPLOSION & COLLAPSE HAZARD         |                               |                    |                   | - United            | \$                            | \$                |  |
|                      | PRODUCTS/COMPLETED OPERATIONS       |                               |                    | •                 | BL & PO             |                               |                   |  |
| A                    | GONTRACTUAL INDEPENDENT CONTRACTORS | 20-000327-05                  | 07/01/92           | 07/01/93          | SI & PO<br>COMBINED | \$ 1,000                      | \$1,000           |  |
| ļ                    | BROAD FORM PROPERTY DAMAGE          |                               |                    |                   | ļ                   | <del></del>                   | <del> </del>      |  |
| İ                    | PERSONAL INJURY                     |                               |                    |                   | PERSO               | NAL INJURY                    | s                 |  |
| 1                    | *                                   |                               | •                  |                   |                     |                               | ١                 |  |
|                      | AUTOMOBILE LIABILITY                |                               |                    |                   | SODEY<br>TUBRY      |                               |                   |  |
|                      | ANY AUTO                            |                               | !                  |                   | IPER PERSON         | S                             |                   |  |
|                      | ALU OWNED AUTOS (PRIV PASS)         |                               |                    |                   | BOOK Y<br>WLERY     |                               | ال ال             |  |
|                      | ALU OWNED AUTOS (OTHER THAN)        | 1.                            | 1                  |                   | IPER ACCIOENT       | \$                            |                   |  |
|                      | HIRED AUTOS                         |                               | [<br>]             |                   | PROPERTY            |                               | 1                 |  |
| A                    | NON-OWNED AUTOS                     | 20-000327-05                  | 07/01/92           | 07/01/93          | DAMAGE              | <b> \$</b> -                  |                   |  |
|                      | GARAGE LIABILITY                    | 20 000021 00                  | 07,02,32           | 01,02,30          | BI 4 PO             | s                             |                   |  |
| Ш                    |                                     |                               |                    | <del></del>       | -                   | 1,000                         |                   |  |
|                      | EXCESS LIABILITY: UMBRELLA FORM     |                               |                    | li                | 8+ & PO             |                               |                   |  |
| λ                    | OTHER THAN UMBRELLA FORM            | 20-000327-05                  | 07/01/92           | 07/01/93          | COMBINED            | 1.000                         | \$1,000           |  |
| -                    | UTTER THAN UNIDICEER TOWN           |                               | <del>-  </del>     | <del> </del>      | STATUTO             | AY I                          |                   |  |
|                      | WORKERS' COMPENSATION               |                               | 1                  | 1                 | 15                  | (EACH)                        | ACCIDENT)         |  |
|                      | ANO                                 |                               |                    |                   | S                   | (DISEA)                       | SE POLICY LIMIT)  |  |
|                      | EMPLOYERS' LIABILITY                |                               |                    |                   | \$                  | IOISEA                        | SE-EACH EMPLOYEE) |  |
|                      | OTHER:                              |                               |                    |                   | ten (               | 100 011                       | int Eldald        |  |
| ١.'                  | 54 4-7 4 to 1                       | 22 000307 05                  | 07 (01 (00         | 07/01/03          |                     |                               | ket Fideli        |  |
| A                    |                                     | 20-000327-05                  | 07/01/92           | 07/01/93          | Distr               |                               | ees of the        |  |
| CE:                  | SCRIPTION OF OPERATIONS/LOCATIO     | INSMEHICLES/SPECIAL ITEMS 🛶 🔻 | C                  | _ **##1           |                     |                               | 4                 |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The County of Hower, its officers, agents and employees are a Plan Participant (Additional Insured) under the contract but only for those programs supported by grants through the Board of Health, Nower County.

CERTIFICATE HOLDER

ATTA: Margame Gunderson Rublic Health Office 1005 M. Main St. Austin. 55912

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE GANCELLED BEFORE THE EX PIRATION DATE THEREOR, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BOTALLURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS

AUTHORIZED ARPRESENTATIVE

2023664984

RCORD 25 (8/84)

© IIR/ACORD CORPORATION 1984

- 7): Campus authorities will assist in preserving or a sexual assault complainant or victim materials relevant to a campus disciplinary proceeding.
- 8) At the request of the sexual assault victim, campus officials must, in cooperation with the appropriate law enforcement authorities, assist in shielding the victim from unwanted contact with the alleged assailant including transfer of the victim to alternative classes or alternative college-owned housing, if alternative classes or housing are available or feasible.

#### AFFIRMATIVE ACTION

ADOPTED DECEMBER 10, 1992

#### A. Policy

It is the policy of Minnesota Riverland Technical College to undertake and maintain a program of affirmative and positive action:

- 1. To assure that equal employment opportunities are made available on the basis of individual qualifications;
- 2. To encourage all persons, without regard to race, creed, color, gender, sexual preference, national origin, age, marital status, status with regard to public assistance, religion, or disability to seek employment with District #2501 and.
- 3. To prohibit discrimination in our educational programs and activities. In carrying out this policy, the District recognizes that:
  - a. It must guarantee equal employment opportunity;
  - b. It must undertake aggressive recruitment, provide comprehensive in-service training programs; and
  - c. It must take measures to eliminate any discriminatory practices in student body assignment, courses, counseling services and extra-curricular activities.

#### LEGAL REF.: Educational Amendments of 1972 Title IX

To achieve these ends, the District will ensure that all personnel activities, including recruitment, District sponsored in-service training and tuition assistance, social and recreational programs, and all student body activities including admissions and treatment of students in educational, recreational and extra curricular programs will be administered without regard to race, creed, color, gender, sexual preference, national origin, age, marital status, status with regard to public assistance, religion, or disability. In addition, the District will periodically review (and as necessary, revise) personnel qualifications, standards, policies, and procedures to the end that discriminatory practices will not be permitted to develop within the framework of, and within the day-to-day interpretations of existing personnel and student

policies and procedures. In addition, District procedures will include submitting position vacancies to minority publications/agencies.

#### GRIEVANCE PROCEDURE

ADOPTED DECEMBER 10, 1992

It is the policy of District #2501 that all grievances shall be resolved quickly and at the lowest possible level. The use of this procedure is not required if the grievant(s) prefers other alternatives such as the Office of Civil Rights (OCR), Commission of Human Rights, Equal Employment Opportunity Commission (EEOC), or the courts. Hearings and conferences under this procedure shall be conducted at a time and place which will allow a fair and equitable opportunity to all persons.

#### A. Objectives and Definitions

This grievance procedure is established as an orderly means for considering and resolving grievances centered around an allegation(s) of discriminatory acts based upon race, creed, color, gender, sexual preference, national origin, age, marital status, status with regard to public assistance, religion, or disability within Minnesota Riverland Technical College, District #2501, and is available to all students and employees of this institution/District.

The word, "grievance," shall be defined as a complaint or disagreement raised by a student or employee against the appointing authority over alleged violations or misapplications of the specific conditions and requirements of the established District/institution policy and the federal and state laws prohibiting discrimination.

The word, "supervisor," shall be defined as any authoritative figure who is directly involved/connected with the grievance or grievant(s).

The term, "work days," shall mean the days Monday through Friday, exclusive of holidays.

#### B. Time Limits

All participants shall adhere to the time limits prescribed for each level. Failure by the administration at any step of the procedure to communicate the decision on a grievance within the specified time limit shall permit the grievant(s) to proceed to the next step. Failure on the part of the grievant(s) to appeal the decision to the next step within the specified time limits shall be deemed to be an abandonment of the grievance.

#### C. Right to Representation

Grievant(s): will have the right to be represented.

#### D. Right to Present Witnesses and Evidence

Grievant(s) shall be allowed to present the grievance with relevant evidence and pertinent witnesses. Both parties shall have the opportunity for hearing and questioning witnesses.

The PARENTING RESOURCE CENTER, INC. has functioned as the coordinating agency for the Mower County CHEMICAL HEALTH TEAM since 1990. This comprehensive, multi-disciplinary chemical abuse prevention team meets monthly; as of May 1993, 60 individuals representing 33 community agencies/ organizations have been actively involved in monthly networking. Periodic task forces involve another 50 people during the year. There is a monthly mailing list of over 250 community leaders. Agencies/organizations actively participating in the coalition include: Court Administration, Court Services, local newspaper, Social Services, Austin police Department, Austin Public Schools, Parenting Resource Center, Inc., Child Care Resource & Referral, Veteran's Administration, American Cancer Society-Mower Co. Unit. Protestant clergy, Catholic parishes, Christian youth ministries, Community Education, Victims Crisis Center, Rochester newspaper media. Rochester TV media. Private Industry Council. University of Minnesota-county extension. service, St. Olaf Hospital Chemical Dependency Unit, Southland Public Schools, River Trails Girl Scouts Council, Spamland Boy Scouts, Mower Co. Public Health Service, St. Olaf Mental Health Center, Association for Retarded Citizens/Arc-Mower County, and the YMCA. Out-county communities of Hayfield, Dexter, Lyle, Elkton, Rose Creek, Adams, and Brownsdale are represented. Five Austin youth and five Southland youth participate regularly in monthly meetings during the school year. We are pleased to have Hispanic representation.

The ASSIST Coalition Grant will enable the existing multi-disciplinary comprehensive networking team to strengthen its goal to reduce youth tobacco access and availability within the county, as well as influence public policy to change the community environment by advocating and reinforcing tobacco-free community norms. The Coalition will address the following objectives in support of its tobacco-use prevention use goals:

- promote available tobacco-use prevention education information/materials/programs in networking sessions and through local media channels;
- promote tobacco-use prevention campaigns, such as D-Day and New Year's in networking sessions and through local media channels
- promote and support local tobacco control activities/ordinances through cooperative efforts with local law enforcement officials and city government
- provide media advocacy training to coalition participants
- provide training in tobacco-use cessation counselling
- participate in state-wide ASSIST networking

#### The results of coalition efforts will be evaluated through:

- data documentation
  - numbers and attendance at Mower Co. CHEMICAL HEALTH TEAM monthly meetings
  - numbers involved in action task forces
  - agencies/organizations involved in tobacco-use prevention meetings/task forces
  - media contacts/coverage in newspapers/TV/radio
  - numbers involved in tobacco-use cessation counseling training
  - number of juveniles petitioned to court on petty misdemeanor tobacco offenses according to Austin education and enforcement liaison program
  - number and results of tobacco "sting operations" conducted in Austin/Mower County by law enforcement officials
- grant-end group process evaluation/brain-storming session(s) focused on goal process and achievement
  - Mower Co. CHEMICAL HEALTH TEAM Parenting Resource Center, Inc. staff

#### STATEMENT/RATIONALE OF NEED

A 1992-1993 goal of the Mower County CHEMICAL HEALTH TEAM has been to reduce youth tobacco access and availability by promoting the consistent enforcement of drug use ordinances and laws. Because the team members believe tobacco is a "gateway drug," they have been very pleased to join forces with MN COALITION FOR A SMOKE-FREE SOCIETY 2000.

The Chemical Health Team is fortunate to have active involvement of the public school police liaison officer and the city's major DARE police officer. There has been a focused effort by these two men to curb juvenile smoking on high school property by consistently issuing citiations and accessing fines. The Chemical Health Team has supported their efforts through community networking and promoting newspaper, radio and television coverage of the risks of adolescent use of tobacco and the positive results of combined education and the consistent enforcement of laws. The incidence of minors smoking near school poperty has decreased 75% during the last three years.

In October, 1991, city law enforcement officials conducted "sting operations" to check tobacco sales to minors in Austin, Minnesota—14 out of 14 operations sold to minors; all were given warnings. In the Spring of 1992, city law enforcement conducted a second "sting operation"; four of the 13 stores were charged with illegal sales. Officers made charges at the time of each sale and it is known that the first stores charged called the other area stores to forewarn them.

On November 12th, 1992, a task force meeting was held to determine how to use new education/training materials from the MN COALITION FOR A SMOKE-FREE SOCIETY 2000 within the community; personal invitations were given to representatives of law enforcement, city council, county commissioners, public high school and business owners. Law enforcement, city council and public high school representatives attended. The task force evaluation was that juvenile smoking is seen as a "school problem," which the task force believes is inaccurate and unfair. It is the responsibility of the community to create a healthy environment for children and youth. Adults determine advertising standards, ordinances and laws, as well as their enforcement. The task force determined to pursue model tobacco ordinances adopted by cities such as Saint Paul, Shoreview, Chanhassen, and Roseville, Minnesota in the City of Austin.

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The City Council voted on and passed the admendment on the City Tobacco Ordinance at its December 7th, 1992 meeting. Attending in support were representatives from Mower Co. Public Health Nursing, the American Cancer Society-Mower Co. Chapter, and concerned parents. The Amendment to the Austin City Tobacco Ordinance became effective December 21st, 1992. The amendment holds the store employer responsible for any violation of tobacco sales to minors with the consequence of suspension/revocation of the Tobacco License (3 days; 30 days; and 1 year within a two-year period) and a minimum of a \$250.00 fine.

However, there is still tobacco-use prevention to be done. Minors continue to have easy access to alcohol within the county. The 1992 MN Student Survey for Austin indicate that 31% of the 12th Grade females and 17% of the 12th Grade males admit to using cigarettes daily. In March, 1993, law enforcement conducted a "sting operation," in which 3 out of 4 tobacco retailers violated selling to minors.

#### COMMUNITY/ORGANIZATION RESOURCES

The PARENTING RESOURCE CENTER, INC. is fortunate to have an excellent working relationship with city and county law enforcement and county public health department personnel. Local radio stations and newspaper give increasing coverage to prevention information and events. The coordinator of the Mower Co. CHEMICAL HEALTH TEAM writes a weekly positive prevention column, Parents Network, for the local newspaper, which has a circulation of 9,000. A local radio station provides regular air time for prevention issues on Contact, a 5-minute interview spot. The American Cancer Society-Mower Co. Unit has active representation on the monthly networking team and is willing to provide assistance in developing tobacco-use cessation counseling training. MN COALITION FOR A SMOKE-FREE SOCIETY 2000 has given educational and technical assistance to the PARENTING RESOURCE CENTER, INC. for two years.

33403

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#### AGENCY SERVICES OF COMMUNITY/ORGANIZATION

The PARENTING RESOURCE CENTER, INC. is a non-profit county agency established in 1977 to serve the needs of parents and care providers. Parenting is one of the most difficult careers; it is one of the tasks for which we are generally least prepared. As a matter of primary prevention of the emotional and social problems of later life, parenting education is a long-neglected endeavor. Our purpose is to support, encourage and education parents and care givers, enabling the present and future generations to become productive and fulfill their role in a healthy society.

The Center provides classes and programs, information and referrals, and has grown to include a comprehensive resource library containing approximately 7,500 volumes, 500 piece audio-visual section, and an extensive handout information and a children's library. There are 10 full- and part-time staff, 6 of whom live within Austin city limits and 4 live in rural Mower County. Growth in numbers served has been from 60 the first quarter of operation; to over 23,000 contacts for 1992; clientele are from throughout Southern Minnesota and Northern lows areas.

The PARENTING RESOURCE CENTER, INC. is prevention-oriented and functions within the county as a support to existing organizations/agencies and a catalyst in the development of new programs/projects.

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#### **PERSONNEL**

The contact person for the ASSIST Coalition grant will be the PARENTING RESOURCE CENTER, INC. assistant director, Maryanne Law, who also functions as the coordinator for the Mower Co. CHEMICAL HEALTH TEAM as a .375 FTE part of her position. As coordinator, Ms. Law will devote <a href="144">144</a> hours to incorporating ASSIST Tobacco-Use Prevention goals into networking and action plans, as well as function as the liaison person for the ASSIST PROJECT at the state level.

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ML/ca June 11, 1993

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- - Maryanne Law

#### REDACTED

#### EDUCATION

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Washburn High School, Minneapolis, Minnesota

REDACTED

Macalester College, St. Paul, Minnesota

B.A. Degree in English, Secondary Education

Graduated Summa Cum Laude and Phi Beta Kappa

Minnesota Vocational Teaching License (Adult Education: Family Life and Parenting)

University of Minnesota

#ED ACTED

Post-graduate: 6 credit Workshop in Human Relations

Continuing education seminars:

Gerard of Minnesota: Depression in Children and Adolescents

REDACTED

Blended Families
Survivors of Suicide

Post-Traumatic Stress Disorder/Bereavement

Austin Technical College: Family Values - S.E. Asian

Winona State University: Home Visit Introspective

REDACTED

Rochester Community College. Reaching New Volunteer Markets

University of Minnesota: Supporting Children's Social Development-,
Assessment and Training Materials

and a few to the conference of the control of the c

Guardian ad litem Training: Freeborn/Mower County Court System ( 40 hours )

REDICTED

Hazelden Project Inservice-Austin Public Schools

Minnesota Technical Colleges: Consumer and Family Education

University of Minnesota/Rochesten. Responding To High Risk Youth

Other workshop topics:

REDACTED

Mental Health in Women/ Family Communication/ Stress/ Anger/ Discipline

Mid-Life Crisis/ Marriage Communication/ Active Parenting-

Children and Divorce/ Balancing Work and Family/ Responses to Death

#### WORK EXPERIENCE

Parenting Resource Center, Inc./Austin Technical College
Individual Educational Consultation
Instructor of Parenting-Classes
Co-ordinator of Parent Aid Project
Writer/Co-ordinator of Bi-lingual Parenting Tape Series
Writer/Co-ordinator/Instructor of Kids Koping Program

REDACTED

Guardian ad litem, Mower County Court System
Child Advocate in CHIPS, custody, paternity cases

Substitue Teacher, Austin Public School System 6th-12th grade and Austin Technical College

PEDACTED

Parent Facilitator for Early Childhood Family Education
(Austin, Minnesota)

Instructor/Co-ordinator of "Adolescent Sexuality: The Role of the Parent" for Southern Minnesota

Minnesota Institute of Public Health

English Teacher - 10th, 11th, 12th grade

Marshall County High School, Newfolden, Minnesota

REDACTED

English Teacher - 10th, 11th grade

Ada High School, Ada, Minnesota

English Teacher - 11th grade

St. Louis Park High School, St. Louis Park, Minnesota

#### VOLUNTEER EXPERIENCE

Pastoral Leadership of Protestant Churches (Wife of Pastor)

Vision 2000 - City of Austin/Education TAsk Force

AAUW ( American Association of University Women) member/committee chair

REDACTED

Board of Director - of The Diacovery Place Child Care Center Thief River Falls, Minnesota

Board of Director of Planned Parenthood of Minnesota

Co-Dean of Junior High Camp for United Methodist Church, Minnesota Conference, Park Rapida, Minnesota

Source: https://www.industrydocuments.ucsf.edu/docs/yrlm0000

15/21

## BUDGET FORM ASSIST TOBACCO-USE PREVENTION FUNDS

| APPLICANT'S NAME:The PARENTING RE                                                                | SOURCE CEN        | ITER, Incorpora  | ted                                     |  |  |  |
|--------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------------------------------|--|--|--|
| ADDRESS: 1900 Northwest Eighth Avenue, Post Office Box 505.                                      |                   |                  |                                         |  |  |  |
| Austin, Minnesota 55912-0505                                                                     |                   |                  |                                         |  |  |  |
| PHONE: (507) 433-0692 or toll-free: 1-800-2                                                      | 47-5039. ask fo   | or EXT # 692 (Ho | ours: 8am - 4pm weekdays)               |  |  |  |
| Expenses beginning October 1, 1993 and ending Se                                                 | ptember 30;, 199- | 4.               |                                         |  |  |  |
|                                                                                                  |                   | AMOUNT           | MATCHING FUNDS (@ 50% of total project) |  |  |  |
| SALARIES Cost per Hour X No.of Hours     Name and ⊓itle     Maryanne Law, Assistant Director/PRC |                   | \$ 1,872.00      | \$ 1,000.00                             |  |  |  |
|                                                                                                  |                   |                  |                                         |  |  |  |
| 2. TRAVEL No. 800 of Miles X \$.21/Mile                                                          |                   | \$ 168.00        | \$ 32.00<br>(800 mi X .04/mile)         |  |  |  |
| 3. MATERIALS/TRAINING                                                                            |                   | \$ 180.00        | \$ 180.00                               |  |  |  |
| Photocopying (Supplies/Postage)                                                                  |                   |                  |                                         |  |  |  |
| Media Advocacy Training                                                                          |                   | \$ 175.00        | • •                                     |  |  |  |
| 4. CONTRACTUAL                                                                                   |                   | \$ 105.00        | \$                                      |  |  |  |
| "Train-the-Trainer" Smoking Cessation                                                            | Counseling        |                  |                                         |  |  |  |
| 5. OTHER                                                                                         |                   | s                | \$                                      |  |  |  |
|                                                                                                  | TOTALS            | \$ 2,500.00      | \$ 1,212.00                             |  |  |  |
| Please attach budget justification to this Budget Form.                                          |                   |                  |                                         |  |  |  |

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#### -BUDGET JUSTIFICATION

- SALARIES Maryanne Law, Coordinator of the MOWER COUNTY CHEMICAL HEALTH: TEAM, will devote PEDACTED to accomplishing ASSIST coalition grant goals in Mower County. The PARENTING RESOURCE CENTER, INC. will provide \$1,000.00 in support staff time to the ASSIST grant project.
- 2. TRAVEL 800 miles of in-state travel will cover 4 trips to/from the Twin Cities for involvement in:

  a) ASSIST media advocacy workshop; b) 2 ASSIST state-wide networking meetings, and c) a "train-the-trainers" mileage to the AMERICAN CANCER SOCIETY's smoking cessation counseling refresher training. The PARENTING RESOURCE CENTER, INC. will match \$.04 per mile for travel expenses.
- 3. MATERIALS/TRAINING The \$1,80,00 of ASSIST grant expenses in photocopying, supplies and postage during the grant period will be equally matched by the PARENTING RESOURCE CENTER, INC. 7% of the grant funding will be spent for media adovcacy for Mower County Chemical Health Team members, which may include: 1) coordinating time, 2) instruction time, 3) publicity, and/or 4) materials.
- 4. CONTRACTUAL A qualified member of the AMERICAN CANCER SOCIETY-Mower County
  Unit will teach a 3.25 hour "train-the-trainer" smoking cassation counseling session at
  \$20:00 per hour, plus \$35.00 preparation time.
- 5. OTHER None.

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